

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044410

DECEASED 1464

Primary Registration District No. 4234

Registrar's No. 119

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6470

20900

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12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Ironton

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Marys

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Reynolds

c. CITY
OR
TOWN

Lesterville

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
1 mi N of LestervilleReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Herbert

Middle

Floyd

Last

Cole

4. DATE
OF
DEATH

Month

Nov

Day

28

Year

1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-24-1904

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days

6 4

IF UNDER 24 HR

Hours Min.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired assembler truck bodies

10b. KIND OF BUSINESS OR INDUSTRY

Bixby, Mo.

11. BIRTHPLACE (City and state or country)

USA

13a. FATHER'S NAME

Bates Cole

13b. MOTHER'S MAIDEN NAME

Maude Medley

14. NAME OF HUSBAND OR WIFE

Blanche E. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Blanche E. Cole Lesterville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

fractured ribs, punctured left lung,

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

hemo-thorax

traumatic shock, concussion of brain,

1 day

DUE TO (c)

laceration of scalp

fractured left clavicle, radius, ulna

1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile accident

20c. TIME OF
INJURY
Hour
a.m.

11:00

Month, Day, Year

11-27-64

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

Ironton, Iron, Missouri

COUNTY

STATE

21. I attended the deceased from 11-27-64 to 11-28-64 and last saw her alive on 11-28-64
Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Harland, M.D.

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

11-30-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

11-30-64

23c. NAME OF CEMETERY OR CREMATORY

Rayfield

23d. LOCATION (City, town, or county)

Reynolds Co. Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pewitt Funeral Home Ellington, Mo.

25. DATE RECD. BY LOCAL REG.

12-1-64

26. REGISTRAR'S SIGNATURE

Mrs. Avis Jones

DEC 15 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas S. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.